## APPLICATION FOR RELIEF FROM ABUSE

46b-15, 46b-38nn, 46b-38oo, 52-231a

JD-FM-137 Rev. 2-10 C.G.S. §§ 29-28, 29-32, 29-33,

## STATE OF CONNECTICUT

## **SUPERIOR COURT**

www.jud.ct.gov

Instructions To Applicant 1. Use a typewriter or print clearly in ink. You must also complete an Affidavit, form JD-FM-138. Give both forms to the Clerk of Court.

2. After your Application and Affidavit are processed, the clerk will give you the proper papers to have served on the Respondent.

3. Make sure the originals are returned to court after service.

Instructions To Clerk If Ex Parte relief is ordered, prepare the following forms: Order of Protection, form JD-CL-99, and if applicable, Additional Orders of Protection, form JD-CL-100; Order and Notice of Court Hearing, form JD-FM-140; General Restraining Order Notifications (Family), form JD-CL-104.
 If Ex Parte relief is NOT ordered, prepare Order and Notice of Court Hearing, form JD-FM-140.

3. Provide the Applicant with the original and one copy of the Application and Affidavit. Retain copies of each for court file.
4. Provide the Applicant with the Procedures For Relief From Abuse Process brochure JDP-FM-142 for further information.

Judicial District of	Court location (number, street, town, zip code)			Docket number				
Name of applicant (Last, first, middle initial	)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race				
Address to which mail is to be sent (number, street)		(Town)		(State)	(Zip Code)			
ome/residence address* Same as mailing address		(Town)		(State)	(Zip Code)			
Work address*		(Town)		(State)	(Zip Code)			

\* NOTE: The home address and/or work address provided above will be included on any orders entered by the court. If you do not wish to provide your home address and/or work address, do not complete these boxes. However, failure to disclose your location information may limit the protection your can receive by the restraining order. If you believe that disclosure of location information would jeopardize you and/or your child(ren)'s health, safety or liberty, you may file a Request For Nondisclosure of Location Information with the Clerk of Court.

Information About The Re	spondent						
Name of respondent (Person against w	hom application is filed) (Las	t, first, middle initial)	Date of birth (mm/dd/yyyy)	Sex (M/F)	Race		
Address of respondent (Number, street,	)	(Town)	1	(State)	(Zip Code)		
Respondent's telephone number	Other identifiers (Exal	Examples include height, weight and approximate age)					
Respondent is ("X" all that apply)							
My spouse or a person I have	e a civil union with	My child					
My former spouse or a person	n I had a civil union with	A person 18 or	over related to me by blood of	or marriage			
Parent of my child		A person 16 or	over with whom I reside or w	ith whom I hav	e resided		
My parent	My parent  A caretaker who is providing shelter in his or her residence to a person 60 years of age or older						
		A person with v	vhom I have (or recently had)	a dating relation	onship		
X" here if you have cohabited	d with the Respondent as	an intimate partner (re	omantic, spousal, or sexual re	elationship whi	le living together).		
"X" here if a Protective Order	/Restraining Order exists	affecting any party to	this Application (Enter docker	t number and c	ourt location)		
Docket number	Court location		(				
"X" here if a dissolution of ma	• , , ,	on of civil union, custo	ndy or visitation action exists i	nvolving the sa	nme parties.		

Name of applicant	Name of respondent		Docket number		
Application For Relief From Abus	e		<u>l</u>		
I have been subjected to a continuous threat stated more fully in my attached Affidavit.	of present physical pain or	physical injury by the Re	spondent name	d above as	
1. I request that the court order the follow	ving conditions: ("X" all that	apply)			
The Respondent not assault, threa  The Respondent stay away from m  The Respondent not contact me in  contact my home, workplace or oth  me. (CT05)  The Respondent may return to the	ny home or wherever I shall any manner, including by ners with whom the contact	ll reside. (CT03) written, electronic or tele t would be likely to cause	ephone contact, e annoyance or		
CT16 The Respondent stay 100 yards av	way from me. (CT16)		` '		
Name(Last, first, middle initial)	Date of birth(mn	n/dd/yyyy)	Relationship to me		
That the order protect animals own	ned or kept by me. (CT31)				
2. I request that the court make the follow	ving temporary child custoo	ly and visitation orders:			
CT20 Award me temporary custody of th	e following minor child(ren	) who is (are) also the ch	nild(ren) of the F	Respondent.	
	Sex Date of birth	Name	Sex	Date of birth	
(Last, first, middle initial) (	M/F) (mm/dd/yyyy) 4	(Last, first, middle initial)	) (M/F)	(mm/dd/yyyy)	
2 3	5 6				
With visitation as follows:					
©T22					
				_	
Request For Ex Parte (Immediate)  4. I request that the court order Ex Parte danger to me and / or my minor children a	(immediate) relief because I	believe there is an imme	diate and prese	nt physical	
Signed (Applicant)		(Clerk, Notary, Commisioner of Su	perior Court)	Date signed	
Optional to applicant (If you choose to answer	r, "X" the appropriate boxes b	elow)			
Does the respondent hold a permit to carry     Does the respondent possess one or more				Unknown Unknown	
If you think you need more security when you are			<del></del>		

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Center in the court where your hearing is scheduled